

BLAIR INSURANCE SERVICES INC

SECTION I: SBA APPS – Fill out attached apps – Must be typed – Can go on line to the SBA website but type each one separate and print because website does not save.

1. SBA Form 994 – Application for Surety bond Guarantee Assistance.
Complete the entire application. They will not do where you subcontract 80% or more. No construction manager bonds. If excess of \$1,500 per day liquidated damages must be explained.
2. SBA Form 912 – Statement of Personal History.
Need filled out for Proprietors, partners, and any owner that owns over 20%. Also spouse must do their own. If yes on 7 thru 9 please explain.
3. SBA Form 991 – Surety Bond Guarantee Agreement Addendum
This form is needed if job is started.
4. SBA Form 994F – Schedule of Work in Process
5. SBA Form 413 – Personal Financial Statement
Each owner and spouse must sign.

SECTION II: FORMS ATTACHED & ITEMS NEEDED

1. Bank Reference Letter (Bank Verification Form)
Take attached form to every bank that you have checking and line of credit.
2. Contractor Questionnaire – Bonding company form
3. Need fill out HCC bond request form
4. Resume of owners and key employees
5. Certificate of insurance
6. Need 3 letters of recommendation of job experience (three largest job in last 3 years I would suggest) and 3 credit references (sample letter attached to put on your letterhead)

7. Business Financials Statements – 3 years if available
Dated & signed by preparer, you & spouse
Review statement is needed for people that want bonds for 1 M or more.
Compilation Statement – if you want bonds \$400,000 to 1 Million.
Internal Statement – if you want bonds for less than \$400,000
If less than 3 yrs in business turn in Federal tax returns for those years not in business
8. For final bonds we need a copy of the contract with three lowest bids and award letter.

SECTION III: INFORMATION

Bankruptcies & outstanding tax debts will be considered, but: Must include a copy of discharge order. Tax Lien must be explained and if still paid then give a copy of agreement – they will review – If paid off give copy of release of tax lien.

Will consider Asbestos Abatement & Other Hazardous Waste Projects, Underground Storage tank Removal but must submit copies of training & license.

Service & Supply multiyear contract will be considered – must underwrite year to year basis – the contract must say that an annual bond is required before each option year is exercised.

Design/Build Projects are now eligible. Phased Projects will be considered but must require definitive releases after completion of each phase. Joint ventures & Multiple Obligee bonds will be considered.

When requesting a final bond you will need to give us two checks. We would need one check for SBA for \$7.29 per \$1,000 for the guarantee. Check to us for \$18.00 per \$1,000.

This is a quick summary of SBA bond program but go to the website at <http://www.sba.gov/aboutsba/sbaprograms/osg/index.html> Full details of bond program can be found at site. Call Bonnie for any questions on my cell 814-931-1196. You can email me the forms after completed to have me review if you want to blairbonni@aol.com or fax 877-771-3377 but we will need originals.



OMB Control No: 3245-0007
 Expiration Date: 02/29/2016

**U.S. SMALL BUSINESS ADMINISTRATION
 APPLICATION FOR SURETY BOND GUARANTEE ASSISTANCE
 TO BE COMPLETED BY SMALL BUSINESS AND SUBMITTED TO THE SURETY AGENT OF CHOICE
 (See page 6 for instructions)**

PART I: BUSINESS INFORMATION (Complete for initial application and to update information previously submitted.)					
Business Name: Business Trade Name:			Tax I.D. No. or SSN		
Business Address		Tel. No (Include Area Code)		Fax No. (Include Area Code)	
City	County	State	Zip	Are there any affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach tax returns) Number of Employees (Including subsidiaries and affiliates)	
Type of Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture Type of Corp _____			Date Business Established		Average Annual Receipts Over last 3 years, Including Affiliates
Largest previous work program undertaken Total Dollar Value: _____			Total Number of Contracts: _____		
Type of Business			Primary NAICS Code	DUNS Number	
Applicant: <input type="checkbox"/> is <input type="checkbox"/> is not an SBA 8(a) Certified Contractor <input type="checkbox"/> is <input type="checkbox"/> is not an SBA Certified HUB Zone Contractor <input type="checkbox"/> has <input type="checkbox"/> has not had an SBA loan. If so, Loan # _____ <input type="checkbox"/> has <input type="checkbox"/> has not received SBA Surety Bond Guarantee Assistance under another business name. If so, Business Name _____ Tax ID or SSN _____ <input type="checkbox"/> has <input type="checkbox"/> has not defaulted on any previous surety bonds (SBA or other) <input type="checkbox"/> has <input type="checkbox"/> has not ever failed to complete a job If so, include pertinent information in comments section. <input type="checkbox"/> is <input type="checkbox"/> is not requesting Business Development Assistance					
PART II: Principal Information (Complete for initial application and to update information previously submitted)					
MANAGEMENT (Proprietor, partners, officers, directors, all holders of outstanding stock/equity – 100% of ownership must be shown) Use separate sheet if necessary					
Name and Social Security Number and Position/Title	Complete Address and Telephone Number	% Owned	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Service Disabled <input type="checkbox"/>		*Gender
Race*: American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/>			Ethnicity *Hispanic/Latino <input type="checkbox"/> Not Hispanic/ Latino <input type="checkbox"/>		
*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.					
Name and Social Security Number and Position/Title	Complete Address and Telephone Number	% Owned	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Service Disabled <input type="checkbox"/>		*Gender
Race*: American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/>			Ethnicity *Hispanic/Latino <input type="checkbox"/> Not Hispanic/ Latino <input type="checkbox"/>		
*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.					

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PART III: CONTRACT INFORMATION (Completed for each bid and final bond guarantee)			
<input type="checkbox"/> Bid Bond	Estimated Contract Amount		Bid Date and Time
<input type="checkbox"/> Final Bond	Contract Amount	Start Date	Completion Date
Project Type <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Supply <input type="checkbox"/> Other _____ Project Description:		Project Location	
NAICS Code for this project		# Employees before this project was awarded	
Name and Address of Obligor		# Existing Jobs that will be retained because of this project (Same job cannot be reported as new - below)	
Obligor Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Special District		# New Jobs that will be created because of this project (Same job cannot be reported as retained - above)	
Is the obligor the California Dept. of Transportation (CalTrans) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the prime or subcontract funded by the California Dept. of Transportation (CalTrans) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Business is <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor on this project		Percentage of work subcontracted:	
Liquidated Damages Dollar Amount:	<input type="checkbox"/> Weekdays <input type="checkbox"/> Calendar Day	Project: Similar to previous work <input type="checkbox"/> Yes <input type="checkbox"/> No Pertains to an 8(a) contract <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you updated SBA Form 994F in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please update.		Have you started work on the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete SBA Form 991.	
PART IV: AGREEMENTS, CERTIFICATIONS AND COMMENTS (Completed for Initial Applications and Each Bid and Final Bond Guarantee.)			
Agreements: In consideration of assistance from the SBA, I agree to comply with the nondiscrimination requirements of Title 13, Code of Federal Regulations, Part 113 and Executive Order 11246. I agree to pay the applicable contractor fee for a final (payment or performance) bond.			
Certification: I certify:			
(a) A bid, payment, or performance bond is required by the bid solicitation or the original contract for this project (b) Applicant business has attempted and failed to obtain the required bonds without SBA's guarantee. (c) Applicant is not delinquent on any Federal debt or Federally Guaranteed Debt. (d) All information in this application and that relates to this application which has been submitted to SBA, any agent, broker, or surety company, is complete and accurate to the best of my knowledge. (e) If Parts I, II and V of this application, and/or "Statement of Personal History" (SBA Form 912) have previously been submitted in connection with an earlier application, I have reviewed that information and certify that it either remains complete and accurate or that I have submitted a revised application Parts I, II or V or revised SBA Form 912 with complete and accurate information to the best of my knowledge. (f) Any agent, broker, Surety Company, financial institution, or other party in possession of credit, financial or work experience information concerning the undersigned applicant and the applicant's business is authorized to release the same to SBA, in order that SBA may evaluate the same for the purpose of bond guarantee assistance. (g) The individual signing below is authorized to execute this application on behalf of the applicant.			
Comments			
I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. §§ 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729			
Principal's Signature (Applicant)			
Title	Date	SBG Number	

SBA Form 994 (1/13) Previous Editions are Obsolete

Part V: CERTIFICATION WITH RESPECT TO "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER" AND DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (This Part to be completed by Small Business for Initial Application and updated and submitted to SBA when there are any Ownership Changes)

Certification on Behalf of the Small Business:

By my signature, I certify, on behalf of the small business, that I have received and read a copy of the "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER" (Statement), which was attached to this Application, and I agree to comply with the requirements in the Statement. I also certify that I am authorized to execute this certification on behalf of the small business. I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. § 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729.

Business Name: _____

By: _____
Principal's Signature/Title Date

Individual Certifications:

Each Proprietor, each General Partner, each Guarantor, and each Limited Partner, Stockholder, or other equity holder owning 20% or more of the small business must sign. The person signing on behalf of the business must also sign individually. In addition, if spouses collectively own 20% or more of the small business, each spouse must also sign.

By my signature, I certify that I have received and read a copy of the "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER" (Statements), which was attached to this Application, and I agree to comply with the requirements in the Statement. I also certify that I have reviewed the information in Part A of this form and certify that as to me personally all information in this Application is accurate and complete to the best of my knowledge. I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. § 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729.

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

First

Middle

Last

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? YES NO **INITIALS:** _____
If No, are you a Lawful Permanent resident alien: YES NO
If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

From:

To:

Address:

Home Telephone No. (Include Area Code):

Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):

From:

To:

Address:

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

Yes No

INITIALS: _____

8. Have you been arrested in the past six months for any criminal offense?

Yes No

INITIALS: _____

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment).

Yes No

INITIALS: _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature

Title

Date

Agency Use Only

11. Fingerprints Waived

Date _____ Approving Authority _____

Fingerprints Required

Date _____ Approving Authority _____

Date Sent to OIG _____

12. Cleared for Processing

Date _____ Approving Authority _____

13. Request a Character Evaluation

Date _____ Approving Authority _____

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you wish to submit comments on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**



OMB Control No: 3245-0007
Expiration Date: 02/29/2016

U.S. SMALL BUSINESS ADMINISTRATION
SURETY BOND GUARANTEE AGREEMENT ADDENDUM

Business Name
Business Trade Name

SBG Number

Instructions: If work has begun on the project, the small business must complete this form and submit it to the surety agent of choice with the application. The completed form must include the signatures of the Principal and Oblige in part 3. If the application is submitted electronically, the pre-populated form can be printed from the E-App system. The paper version is available on the Office of Surety Guarantees website at www.sba.gov/osg.

When the work under a contract has actually begun, an SBA official having delegated authority to approve the bond in question (see 13 CFR part 101), may nevertheless guarantee a bond or bonds pursuant to Part 115 of 13 CFR, upon receipt, satisfactory to SBA, of all the items below.

- Evidence (certified copy of contract or sworn affidavit) from Principal that the surety bond requirement was contained in the original job contract, or documentation, satisfactory to SBA, as to why a surety bond was not previously secured and is now being required is attached hereto.
- In the spaces below the Principal has certified that all suppliers and subcontractors are paid to date. If additional spaces are needed attach hereto. A waiver of lien from each, or an explanation satisfactory to SBA why such certification cannot be produced, is attached hereto.

Suppliers	Bill to date	Paid to date	Waiver of Lien Attached hereto
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
Subcontractors			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

3. Certifications by Principal and Oblige.

By signing below, I certify on behalf of the Principal or Oblige that all information provided in connection with the application for a surety bond guaranty from SBA is true, correct and complete to the best of my knowledge. I understand that knowingly making a false statement is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. §§ 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729. The Principal also hereby certifies that all taxes and labor costs in connection with this job are current. The Oblige also hereby certifies that all payments due the Principal under the contract to present status have been made and that the job has been satisfactorily completed to present status. Please provide reason why bond was not required prior to job starting.

_____ Signature of Principal	_____ Type or Print Name	_____ Date
_____ Signature of Oblige	_____ Type or Print Name	_____ Date

4. All documents required from the Principal and Oblige are attached hereto and all items on this form have been certified to the SBA's satisfaction.

_____ SBA Signature	_____ Date
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PLEASE NOTE: The estimated burden for completing this form is 10 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-007). PLEASE DO NOT SEND FORMS TO OMB

FORM 991 (1/13) Previous Editions are Obsolete



OMB Control No: 3245-0007
 Expiration Date: 02/16/2016

Instructions: The small business must complete this form and submit it, either electronically or on paper, to the surety agent of choice. A list of participating surety agencies and the paper version is available on the Office of Surety Guarantees website at www.sba.gov/osg. If the application is submitted electronically, the pre-populated form can be printed from the E-App system.

SMALL BUSINESS ADMINISTRATION		TAX ID OR SS NUMBER		DATE AS OF			
SCHEDULE OF WORK IN PROCESS (ALL WORK-BONDED & UNBONDED-IF COST PLUS PLEASE INDICATE)							
BUSINESS NAME AND BUSINESS TRADE NAME			DATE AS OF				
JOB DESCRIPTION	STARTING DATE	COMPLETION DATE	BONDED YES/NO	CONTRACT PRICE (Including Approved Change Orders)	Total Billed to Date (Including Retainages (Explain Any Dispute Items))	Total Cost To Date	Total Estimated Cost To Complete
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
TOTALS							

Signature _____ **Title** _____

PLEASE NOTE: The estimated burden for completing this form is 20 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: Chief, Administrative Information Branch, Room 5000, U.S. Small Business Administration, 409 3rd St., SW. Washington, DC 20416; and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202 Washington, DC 20503.

SBA Form 994F (1/13) Previous Editions are Obsolete



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Return completed form to: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; ALL Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD - applicants who are individuals claiming social and economic disadvantaged status and their spouses - electronically at http://www.sba.gov or send hard copy with paper application to either of the two following offices listed below:	
Mail to the following address, if your firm is located in one of the states below: US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	Mail to the following address, if your firm is located in one of the states below: US Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)		Net Worth	\$ _____
Other Assets	\$ _____		
(Describe in Section 5)			
Total	\$ _____	Total	\$ _____

Section 1. Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (Describe below)*	\$ _____	Other Special Debt	\$ _____

Description of Other Income in Section 1:

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

HCC SURETY GROUP



Bank Verification

(To be completed by bank or savings & loan)

Please complete a separate form for each account

Re: Account Holder _____

Account Number _____

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? _____
2. The average balance is \$ _____ for the period of _____ months.
3. Has a line of credit been established? _____
If so, what amount? \$ _____ It is secured by _____
The renewal date is _____ Amount available \$ _____
4. What is your opinion of the applicant's character, ability and financial responsibility?

Name of Bank _____

Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Information has been provided by _____

Signature

Date _____

Printed Name



AGENT/BROKER _____

PHONE () _____

ADDRESS _____

FAX () _____

HCCS Producer Code _____

**CONTRACTORS QUALIFICATION QUESTIONNAIRE
ORGANIZATION AND BACKGROUND**

Name _____	
Address _____	Fed. I.D. # _____
City, State, Zip _____	
Phone _____	Fax _____

() Individual

() Partnership

() Corporation

Date business formed _____ Date Incorporated _____

If SUCCESSOR to prior business, Name of Predecessor _____

Has there been any recent changes in control of your company? Yes No

If so, describe _____

Principal Officers of the Company

NAME	POSITION	% OF OWNER-SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE

Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the event of their death or disability? _____ Attach details.

List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have an interest:

NAME AND ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

SCOPE OF OPERATION

Key Operating Personnel, General Manager, Superintendents, Engineers, etc.

Name	Position	Age	Experience

A. Type of work usually performed:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Public Bldgs. | <input type="checkbox"/> Excavation | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Water System | <input type="checkbox"/> Heating/Air Cond. |
| <input type="checkbox"/> Highways | <input type="checkbox"/> Sewers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Electrical | _____ |

B. Geographical Areas of Operation

C. Percentage of work usually done as a 1. Prime _____ % D. How much of an average job is Sublet? _____ %
 2. Sub _____ % Type of work sublet _____

Are bonds required from Suppliers or Subcontractors? Yes No If yes, over what amount \$ _____

Has Supplier or Subcontractor ever failed to complete a contract? Yes No If so, describe _____

Has your company ever experienced a bankruptcy? Yes No

Been in receivership? Yes No If so, explain _____

Are any liens for labor and/or material filed against your company on any contracts which have been done or are being done by your company? Yes No If yes, explain _____

What size contracts do you feel the company is qualified to do:

- 1.) on a single job \$ _____
- 2.) perform during any one year \$ _____
- 3.) have as work on hand at any one time \$ _____

What is the anticipated expenditure in respect to the purchase of equipment within the next 12 months?

Total Cost \$ _____ Down payment and amount payable within 12 months \$ _____

INSURANCE

TYPE	LIMITS	ISSUING COMPANY	EXPIRATION DATE	AGENCY
Fidelity				
Liability				
Workers Compensation				
Fire				
Equipment Floater				

Attach a current Certificate of Insurance.

List the six most important contracts completed in the last five years

Owner's Name	Address & Phone Number	Contract Amount	Time Required to Complete
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

Largest work-on-hand position of company, at any one time was \$ _____

During _____ and consisted of _____ contracts.

Give the names of five principal suppliers.

Name	Address	Phone #
		Fax#
1.)		
2.)		
3.)		
4.)		
5.)		

Surety Information

Present Surety _____ Present Rate _____

Address _____

With present surety _____ years.

Largest single contract previously bonded _____

Why change of surety? _____

Covenants provided to present surety

1. Personal indemnities: Yes No If yes, list indemnitors _____

2. Additional Corporate indemnities: Yes No If yes, list additional indemnitors _____

3. Is collateral provided: Yes No If yes, explain _____

FINANCIAL INFORMATION

Banking

Name of Bank _____
Address _____
Manager _____
With bank since _____
Previous bank _____
Address _____
Term with previous bank _____

Line of Credit

Amount _____
Amount in Use _____
Secured by:
A. Accounts receivable
B. Collateral
C. Personal covenants
D. Additional corp. covenants

	Yes	No
A. Accounts receivable	<input type="checkbox"/>	<input type="checkbox"/>
B. Collateral	<input type="checkbox"/>	<input type="checkbox"/>
C. Personal covenants	<input type="checkbox"/>	<input type="checkbox"/>
D. Additional corp. covenants	<input type="checkbox"/>	<input type="checkbox"/>

Accounting

Name of Accounting firm _____
Address _____
How long has this firm acted as your auditor? _____ years.
Date last audited Financial Statement was prepared _____, _____.
Is statement prepared on an (A) audited or (B) unaudited basis? _____
Completed Job? _____ % of Completion _____ Accrual? _____ Other _____
Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted? Yes No
If so, describe _____

ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR.

ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK-ON-HAND SCHEDULES)

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

Name of Company _____

Dated this _____, _____

IF CORPORATION SIGN AND SEAL HERE

WITNESS

SIGNATURE OF APPLICANT IF NOT A CORPORATION

DATE _____

To:

Dear

I am requesting a letter from you regarding work/projects I have completed for you. This information is required for my bonding company. Your cooperation in completing the information below will be appreciated. Thank you.

Sincerely,

Dollar size of job: _____

Type of work/project: _____

Date completed: _____

Completion time (# of days): _____

Work/Project completed on time: _____

Quality of work: _____

Remarks/Comments _____

Company/Firm Name

Signature/Title

Date

Date _____

To:

Dear

I am requesting a letter from you regarding my current credit line with your company. This information is needed by my bonding company. Your cooperation in completing the information below will be appreciated. Thank you.

Sincerely,

Credit Limit: _____

Length of time doing business with your company: _____

How the account is paid: _____

Company/Firm Name

Signature/Title

Date _____



BOND REQUEST FORM

If final bond please provide a copy of the contract

Name of **PRINCIPAL** (Contractor): _____
Address: _____

Name, Address, of **OBLIGEE**: _____
(Obligee is who is requiring the bond) _____

OBLIGEE
Contact Person: _____
Phone Number: _____
Fax Number: _____

Bid Date: _____ Bid Time _____ Bid Bond % _____
Performance Bond % _____ Payment Bond % _____ Project No.: _____

Contractor's Bid Estimate: \$ _____ (Remember: All of our bid bonds are capped.)
Engineer's Estimate: \$ _____

Project Description/Title: (please type "exactly" as it appears on your proposal):

Location: _____

Start Date: _____ Completion Date: _____

Liquidated Damages: \$ _____ (Calendar/Working Days)

Percentage of Work Subcontracted: _____ Length of Warranty: _____

If final bond, please provide bid results:

1.) _____ 2.) _____ 3.) _____ 4.) _____

Work on Hand - Description:	Contract Amount:	Amount Complete:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Pending Bids:	Bid Date:	Bid Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL WORK ON HAND & PENDING BIDS: \$ _____

Are Special Bond Forms Required: _____ YES _____ NO (If yes, please include bond form)

Does your bond need to be: Mailed _____ Picked up _____ Overnighted _____
(If bond needs to be overnighted, please print your Fed-Ex Account # _____)

ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM